## STATE OF IDAHO DEPARTMENT OF INSURANCE 700 WEST STATE STREET, 3rd FLOOR PO BOX 83720 BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY	0560
	TOTAL

## STATEMENT OF BACK TAXES DUE

COMPANY NAM	 E					
MAILING ADDRE	SS				DOMICILE STATE	
List the premiums, if any, which your company has written in Idaho during the preceding three (3) years - Idaho Code § 41-310 (1) and (2).						
	<u>YEAR</u>	PREMIUMS <u>WRITTEN</u>	Х	TAX RATE	AMOUNT DUE	
					\$	
			TO	DTAL	\$	
Has premium tax been submitted to the Department of Insurance on this amount?						
YES [ ] Attach statement or documentation of payment.						
NO [ ] Make your check payable to: <u>Idaho Department of Insurance</u> .  There will be a \$20.00 charge on returned checks. Idaho Code § 28-22-105  Your canceled check is your receipt.						
been examined b	y me and to the b	est of my knowl	edge is a tru	e, correct, and comple	schedules and statements) has ete statement. Statement must insurance subject to resident,	
Signature of Company Official Date		Name	Name (Type or Print)			
Telephone Number Ext.		Title				

INS-PTX-TBKT (10-10)